**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A. BUILDING: \_\_\_\_\_ B. WING IL6003099 07/21/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **602 EAST JACKSON FAIRVIEW NURSING CENTER DU QUOIN, IL 62832** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Certification \$9999 Final Observations S9999 Statement of Licensure Violation: 300.1210b) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: Pursuant to subsection (a), general nursing care shall include, at a minimum, the Attachment A following and shall be practiced on a 24-hour, seven-day-a-week basis:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

All necessary precautions shall be taken to assure that the residents' environment remains

TITLE

Statement of Licensure Violations

(X6) DATE 08/05/16 Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6003099	B. WING		07/2	1/2016
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FAIRVIEW NURSING CENTER 602 EAST JACKSON DU QUOIN, IL 62832						
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S9999	Continued From page 1		S9999			
	nursing personnel s	hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents.				-
. 4		ee, administrator, employee or nall not abuse or neglect a				
	These Regulations by:	were not met as evidenced				
	interview, the facility urinary catheter and reviewed for catheter	on, record review, and y failed to ensure proper choring for 1 resident (R3) er care. This failure resulted lized and treated for gross				
	was observed on R was noted upon the Director of Nurses, observation and ins	1:30 PM, urinary catheter care 3. No urinary catheter anchor start of catheter care. E2, was present during the tructed E4, Certified Nursing n anchor, which she did after d.				
	years old with a dia Transient Cerebral Infection, and accor Sheet for July, 2016	mission record, R3 is 65 gnosis of: Retention of Urine; Ischemic Attack; Urinary Tract ding to the Physicians Order 5 had a physician's order, date 15, for a size 16 indwelling	53			

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING IL6003099 07/21/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **602 EAST JACKSON FAIRVIEW NURSING CENTER DU QUOIN, IL 62832** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 catheter to be changed monthly and as needed. According to a nursing note written by E5, Licensed Practical Nurse, on July 18, 2016, it was noted R3's catheter had blood in the catheter tubing. During interview with E5 on July 21, 2016 at 10:10 AM regarding the blood in the tubing noted on July 18, 2016, E5 stated "He (R3) did not have a leg strap (catheter anchor) on at the time and he said 'yes' when I asked him if the tubing had been pulled. The following day at lunch I watched him roll over the bag with his wheel chair. I notified Z1, R3's physician, on the afternoon of July 18, 2016 per fax and heard nothing that day. The following morning (July 19, 2016) I called Z1's office to inquire if they had received the fax and was told yes and was sent a fax that said 'no' in response to any other orders regarding the blood in the catheter tubing. I changed R3's catheter on July 19, 2016 and met a lot of resistance and there was still bleeding in the tubing so I called Z1 again to let him (Z1) know and was told to send him (R3) to the hospital." A nursing note dated July 19, 2016 at 6:35 PM showed R3 was sent to a local hospital on this On July 21, 2016 at 11:24 AM, Z1 states "For Catheters it is common for there to be bleeding as a result of it being pulled on or caught on a chair. They notified me and we decided to watch it for a day or two and encourage fluids, the majority of time it will clear up. If there was enough bleeding in the bladder he may not be able to pass the clots from the bladder and it does not surprise me they would have to evacuate the clots from his (R3's) bladder. A catheter sits inside the bladder and when there is

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urethral meatus."

(B)